

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M16802

1. Entity Name

MIAMI INTERNATIONAL AIRPORT CARGO FACILITIES & S

Principal Place of Business

4333 AMON CARTER BLVD  
MD 5675  
FT. WORTH TX 76155

Mailing Address

4333 AMON CARTER BLVD  
MD 5675  
FT. WORTH TX 76155

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2550848

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS CARTY, DONALD J  
CITY-ST-ZIP 4333 AMON CARTER BLVD. MD 5675  
FT. WORTH TX 76155

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME P  
STREET ADDRESS GOREN, B G  
CITY-ST-ZIP 4333 AMON CARTER BLVD  
FT. WORTH TX

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME GM  
STREET ADDRESS GEMELL, JOHN  
CITY-ST-ZIP 4333 AMON CARTER BLVD. MD 5675  
FT. WORTH TX 76155

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME VT  
STREET ADDRESS CAMPBELL, J C  
CITY-ST-ZIP 4333 AMON CARTER BLVD. MD 5675  
FT. WORTH TX 76155

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME S  
STREET ADDRESS MARLETT, CHARLES D  
CITY-ST-ZIP 4333 AMON CARTER BLVD. MD 5675  
FT. WORTH TX 76155

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME VPAS  
STREET ADDRESS ZELEWSKI, THOMAS J  
CITY-ST-ZIP 4333 AMON CARTER BLVD., MD 5675  
FT. WORTH TX

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/00

817.967.6356

Date Daytime Phone #

FILED

00 SEP 18 PM 4:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)